

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15	1		1				65					
16	1						66					
17	1			1			67					
18	1			1			68					
19	1	1					69					
20	1		3				70					
21	1		3				71					
22	1		1	1			72					
23	1	1					73					
24							74					
25							75					
26							76					
27							77					
28			1				78					
29			1				79					
30							80					
31							81					
32							82					
33		1					83					
34		1					84					
35		1					85					
36				1	1		86					
37				1			87					
38		1					88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			9				TOTAL IND.					
TOTAL DEP.			25				TOTAL DEP.					
TOTAL CLAIMS			34				TOTAL CLAIMS					